U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number 0 - 000	2. Fiscal fear Covered From:
	7 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Kenneth C Paulsen	Name UNITE HERE!
	Labor Organization File Number 000-511
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1125 17th Street, NW, Suite 504	Street 1125 17th Street, NW, Suite 504
City Washington	City Washington
State District of Columbia ZIP Code + 4 20036	State District of Columbia ZIP Code + 4 20036
5. Position in labor organization. International Vice President	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	
6 Name and address of Employer (including trade name if any)	7.a. Nature of Interest, Transaction, or Income.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## Signature

	of Perjury and other applicable penalties of the law, that all of the information nying documents), has been examined by the signatory and is, to the best of tr	
undersigned's knowledge and belief, true correct and complete USee the	section on penalties in the instructions.)	
Signed To MI / MI / MI	8/15/2005 202/202-4373 Byt 270	

Date

Telephone Number

Name of Person Filing Kenneth C. Paul	/SPA File Number U-
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Highsaw, Mahoney + Clarke, PC  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	9. Business deals with:  a. Labor Organization  b. Trust
Street 1050 Seventeenth ST. N.W.  City WASHINGTON  State D C ZIP Code + 4 720036	c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Law Kirm Consulting
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	Fruit GIFT OT Christ Mos
	12.b. Amount. #38.00
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Kenneth Paulsen		File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included the your labor organization or with a trust in which your labor organization.	wise dealing with the busines vely seeking to represent, or directly to, or otherwise	s
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Kelly Press, Inc.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1701 Ca 6in Branch Road  City Cheverly  State MD ZIP Code + 4 20785	a. Labor Organiza b. Trust c. Employer	ation
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	Control of the Contro
Name		WS CARD
Trade Name, if any:	PRIN	TER
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar valu	ue of such dealing.
City	12.a. Nature of interest hel	ld or income received.

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\$ 50.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

ZIP Code + 4

Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	

P.O. Box, Bldg., Room No., if any

Trade Name, if any:

Street

State

City

ZIP Code + 4 State

13.b. Is the Business an Employer

or Consultant

14.b. Amount of payment.

?

12.b. Amount.

Name of Person Filing Henneth C. T.	au/sen File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwoof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	ue from a business (1) a vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name San Toaquin Valley HERE Local 19 TRUSTS  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street T70 E. Shaw Ave., Suite Zoo  City FRESNO,  State CA ZIP Code +4 93710-7708	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.  TPUSTEE
Street  City  State  ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  Reimbursed expenses  for meeting arrendance
	12.b. Amount. # 700.06
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

Name of Person Filling Menn. of C	a U/SOM File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name South Bay H.E.R.E. TRUST FUNDS  Trade Name, if any:  P.O. Box, Bldg., Room No., if any P.O. Box 34203  Street  City Seatyle  State WA ZIP Code +4 98124-1203	b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any:	Trustee
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	Reimbursed Expenses for Meering artendance
	12.b. Amount. \$76.9.95
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	The second secon
	WAS THE PARTY AND ADDRESS OF THE PARTY AND ADD
Street	The second secon
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.
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Name of Person Filling / Leuneth C. /au	1/SC// File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name ALASKA H. E.R. E. TRUST FUNDS  Trade Name, if any:  P.O. Box, Bldg., Room No., if any P.O. BOX 93870  Street  City Auchorage  State All Chorage  ZIP Code + 4 99509-3870	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Thustee
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	Reimbursed Expenses FOR MEETING Attendance
	12.b. Amount. # 2608,35
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	Acceptance of the second of th
	**99
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
The state of the s	
P.O. Box, Bldg., Room No., if any	
P.O. Box, Bldg., Room No., if any  Street	